

Vendor's Offer
"Return this Section with your Response"

Offeror must complete, sign and submit an original of this form to the City Procurement Office with the proposal response. An unsigned "Vendor's Offer", late proposal response, and/or a materially incomplete response will be considered nonresponsive and rejected. Offeror is to type or legibly write in ink all information required below.

Company Name: <u>Labyrinth Healthcare Group DBA Patient Care</u>	
Company Purchase Order Mailing Address:	
Street Address: <u>633 W. Wisconsin Ave, Suite 1310</u>	
City, State, Zip: <u>Milwaukee, WI 53203</u>	
Contact Person: <u>Kati Adam</u>	Phone Number: <u>414-274-3492</u>
E-mail Address: <u>kadam@patientcare4u.com</u>	Cell Number: <u>262-951-8659</u>
<u>Remit To Information</u>	
Company Name (as it appears on invoice):	<u>Labyrinth Healthcare Group</u>
Company Payment Remit To Address :	
Street Address: <u>633 W. Wisconsin Ave, Suite 1310</u>	
City, State, Zip: <u>Milwaukee, WI 53203</u>	
<u>Company Tax Information</u>	
If a Tempe-based firm, provide Tempe Transaction Privilege (Sales) Tax No.: _____	
<u>Payment Options</u>	
Will your company accept the City's Master Card for payment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will your company accept Payment via ACH (Automated Clearing House) for payment?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

THIS PROPOSAL IS OFFERED BY

REQUIRED SIGNATURE OF AUTHORIZED OFFEROR (MUST SIGN IN INK)

By signing this Vendor's Offer, Offeror acknowledges acceptance of all terms and conditions contained herein and that prices offered were independently developed without consultation with any other Offeror or potential Offeror. Failure to sign and return this form with proposal response will be considered nonresponsive and rejected.

<u>Kati Adam</u> Signature of Authorized Offeror	<u>4/29/2015</u> Date
<u>Kati Adam</u> Print or Type Name of Authorized Individual Form 201-B (RFP)	<u>VP of Sales</u> Title of Authorized Individual